All these forms need to be filled out and mailed, faxed or emailed to the Illinois State 4-H Office to complete registration.

If you do not want your youth to be photographed, videotaped, or used in other media, please note this when sending in the forms.

Please send the forms to:

IL State 4-H Office
Att: Dan Boomgarden
801 North Country Fair Drive, Suite E
Champaign, IL 61821
boomgrdn@illinois.edu
Fax # (217)-333-9287

Thank you,

[Signature]
4-H Event Manager
THE 4-H GREAT DEBATE CONFERENCE - EMERGENCY MEDICAL FORM

(NOtte: This form must be mailed in with the registration form.)

DELEGATE/CHAPERONE’S NAME: ____________________________

Address: ____________________________

Street ____________________________ City ____________________________ State/Zip Code ____________________________

Age: __________ Sex: F □ ☐ M ☐ Birth Date: _____/_____/_____

PARENT/GUARDIAN/OTHER EMERGENCY CONTACT

Name: ____________________________

Relationship ____________________________

Home Phone: (_____)_______-_______ Work or Cell Phone: (_____)_______-_______

Address: ____________________________

Street ____________________________ City ____________________________ State/Zip Code ____________________________

HEALTH INFORMATION STATEMENT

Place a “Y” (yes) or “N” (no) in the space to highlight any information you feel staff and/or volunteers may need to maximize the safety and well-being of the delegate/chaperone. At the end of the list, please give specific information on any items that you placed a “Y” in the space. Please be specific. In case of emergency, this form may be the only immediate source of accurate important information.

☐ 1. Nervous or Mental (epilepsy, emotional stress, convulsions) ☐ 11. Any Infectious Disease
☐ 2. Lung Disease (asthma, persistent cough, tuberculosis) ☐ 12. Skin Disease
☐ 3. Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure ☐ 13. Allergy to Foods
☐ 4. Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever) ☐ 14. Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury)
☐ 5. Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis) ☐ 15. Under on-going care of a Physician (give name & phone number below) for chronic or recurring problem
☐ 6. Arthritis, Diabetes, Kidney or Bladder Disease ☐ 16. Do you wear glasses OR contact lenses? (circle)
☐ 7. Hay Fever or Allergies ☐ 17. Currently taking medication (list names & doses below)
☐ 8. Allergy to Medicines (including penicillin, tetanus) ☐ 18. Currently taking medication that needs
☐ 9. Impaired Sight or Hearing, Chronic Ear Infections ☐ 19. Date of last TETANUS BOOSTER
☐ 10. Recent Surgical Operations, Accidents or Injuries refrigeration

Please provide any detailed information for any items above marked with a “X”. Be specific.

Family Doctor: ____________________________

Clinic/Hospital Affiliation: ____________________________

City: ____________________________ Phone: (_____)_______-_______

Medical Privacy Statement: It is the policy of University of Illinois Extension 4-H Youth Development Programs to keep any medical information it may have regarding 4-H Youth Development program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to Extension staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are responsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the University, Extension, or 4-H, every effort will be made to get the permission of the program participant or parent or guardian.

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand that any accident insurance in effect for the event does not cover pre-existing conditions or self-inflicted injuries. I understand this insurance also may not cover all expenses and I will be responsible for payment of any expenses over and above the coverage provided.

SIGNED: ____________________________ DATE: ____________________________

Parent or Guardian/Adult Chaperon
AGREEMENT TO ASSUME RISK AND RELEASE FROM LIABILITY
4-H Light Physical Activity

NAME OF EVENT: The 4-H Great Debate       DATE(S) March 27-28 YEAR 2015

This is a legal document. You must read and understand it before signing it.

The Activity is a Conference for High School Teens

I acknowledge that there are certain risks, hazards and dangers, including risk of physical injury, disability, or death and risk of loss of use or damage to my personal property, as a result of allowing my child to participate in this Activity. Risks include but are not limited to transportation accidents, weather-related hazards and natural disasters, infectious diseases, the possibility of slips and falls that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks and from the use of equipment, materials, or facilities recommended by the University of Illinois; environmental conditions; from the acts or omissions of others; or from the unavailability of immediate and/or adequate emergency medical care. I understand that the University of Illinois does not guarantee the personal health or safety for participants, nor does it protect against risk of loss of personal property.

If my child is injured or becomes ill and/or causes harm to another person or another person’s property while participating in this Activity, I will accept responsibility for all losses and any medical bills, including co-payments and deductibles, not covered by the American Income Life Medical/Accident insurance policy if purchased in conjunction with this Activity. I will not seek reimbursement from the University of Illinois.

I understand the University of Illinois does not assume responsibility for events that are not part of the Activity described above, or that are beyond the control of the University, its employees, or its agents or volunteers, or for situations that may arise due to the failure of the participant to disclose pertinent information.

I understand that the University has the right to ask my child to leave this Activity and restrict participation in future activities if a UI representative deems that my child’s behavior or actions pose a threat to others participating in the Activity.

In consideration for allowing my child to participate in the Activity, I release the Board of Trustees of the University of Illinois, its officers, employees, agents and volunteers from all liability, and waive any and all claims that my child and I may have, arising out of or in any way connected with the Activity and my child’s participation in the Activity. This release and waiver is binding on my heirs, assigns and representatives.

Youth’s Name

Parent’s Name                                             Phone

Address                                                  City                                                   State                                                   Zip

Parent or Legal Guardian’s Signature

Assumption of Risk and Release – 4H low physical activity/Approved for legal form 082009 (LMP)
Parental/Guardian Authorization:

I have reviewed THE 4-H GREAT DEBATE conference overview above and have read the Behavior Guidelines below and give permission for my child to participate in THE 4-H GREAT DEBATE Conference. I also understand that if my child does not follow the Code of Conduct, s/he may be asked to leave the Conference. I further agree to be responsible for removing my child immediately from the Conference if this becomes necessary.

I realize that videotape and photographs will be taken at this event. I do hereby consent and agree that Illinois 4-H and its staff has the right to print photographs and take videotape and to use these for educational and promotional purposes. I further consent that my child’s name and identity may be revealed therein or by descriptive text or commentary. I agree that any uses described herein may be made without compensation or additional consideration of me. I represent that I have read and understand the foregoing statements and am competent to execute this agreement.

Parent/Guardian Name: (please print) ________________________________________________

Parent/Guardian Signature: ________________________________________________________ Date: ______________________________

Delegates:

4-H Youth Behavior Guidelines: All youth who participate in Illinois 4-H Youth Development programs, which are planned, conducted, and supervised by University of Illinois Extension, are responsible for their own conduct. Youth participating in 4-H programs are expected to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring, and citizenship. Specifically, 4-H youth are expected to abide by the following behavior guidelines.

1. Be courteous and respect others.
2. Obey all rules established by the University of Illinois Extension 4-H Youth Development program and those of the local club/group and local and state laws.
3. Treat all people fairly and animals humanely.
4. Respect the property of others.
5. Respect the authority of adult or youth volunteers, paid Extension staff, and others in leadership roles.
6. Use appropriate language and wear acceptable clothing at 4-H activities and events.
7. Show kindness to others and give assistance when needed.
8. Be honest and honor commitments.
10. Accept responsibility for personal choices.

As a delegate to THE 4-H GREAT DEBATE Conference, I have read the list of regulations that will be in effect and agree to abide by them. I realize that my room and personal items may be inspected by 4-H officials as a condition of participating in the 4-H program and agree to cooperate with such inspections.

I realize that videotape and photographs will be taken at this event. I do hereby consent and agree that Illinois 4-H and its staff has the right to print photographs and take videotape and to use these for educational and promotional purposes. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I agree that any uses described herein may be made without compensation or additional consideration of me. I represent that I have read and understand the foregoing statements and am competent to execute this agreement.

Delegate Signature: ____________________________________________________________ Date: ______________________________